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ABSTRACT

A descriptive, cycle model of wife battering is comprised of three phases, i.e., tension-building, the explosion of an acute battering, and respite or reconciliation, with distinctions between minor batterings and the acute batterings that are uncontrollable and result in major destruction. To test the hypothesis that every battering episode constitutes a cycle, and that this micro-cycle is a direct parallel of the anxiety arousal model of the delay of punishment paradigm, 32 women with male spouses participated in a study of the micro-cycle of wife battering. Subjects completed a semi-structured interview format collecting sociodemographic information, the Conflict Tactics Scale, and a detailed questionnaire concerning the events surrounding the development and resolution of marital conflicts. Analyses indicated that the micro-cycle and anxiety arousal models were appropriate experimental analogues of non-battering as well as battering couples' conflicts. The findings suggest that a social learning approach to the issue of wife battering is appropriate and fruitful.
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A REVISION AND TEST OF
WALKER'S CYCLE THEORY OF WIFE BATTERING

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Walker (1978, 1979) has presented a descriptive "cycle" model of wife-battering based on interviews with several hundred victims. She hypothesizes that each cycle is comprised of three phases: I. Tension-building; II. Explosion of an acute battering incident, and III. Respite (reconciliation). Walker also distinguished between "minor" batterings and the "acute" battering by describing the latter as "uncontrollable" and resulting in "major" destruction. However, she also states that the "minor" batterings may be perceived as "a bit extreme" by the victim, this it is questionable whether Walker's distinction between minor and major batterings is realistic or useful. It was our thesis that every battering episode constitutes a cycle, and this micro-cycle is a direct parallel of the anxiety arousal model of the delay of punishment paradigm (Table 1).

An extensive review of the descriptions of battering episodes that appear in the literature suggest that each incident has distinct phases and that each episode is discrete in that it has a distinct beginning and end. Several authors have reported that victims could often predict their partner's assaults (Gayford, 1975a; Rounsaville, 1978a) and that the assaults were usually preceded by verbal confrontation centering on the husband's jealousy, the wife's domestic responsibilities, and/or money management (Dobash and Dobash, 1979a). Stahly (1978) points out the social learning involved in that, once a woman has been battered, she may flinch and act frightened when she perceives her husband is becoming angry; this in turn may serve as a cue for him to behave violently. In sum, the zero point of a battering cycle is a recognizable stimulus, i.e., behavior, emitted by a woman's spouse that signals the onset of a confrontation period that is likely to end in violence. The woman's learning of this discriminative stimulus is the result of repeated pairings of that behavioral cue(s) with the subsequent assault.

Following the spouse's "signal", there is a period before the assault occurs. During this phase, there appears to be a notable increase in the woman's tension or anxiety as she anticipates the physical attack. Dobash and Dobash (1979a) suggest that because the woman knows the violence will probably occur but does not know exactly when, she is in a state of constant apprehension. Hilberman and Munson (1978) found that in most of their cases, the women were constantly "tense" or "nervous":

Events even remotely connected with violence, whether sirens, thunder, people arguing or a door slamming, elicited intense fear. There was chronic apprehension of imminent doom, of something terrible about to happen. Any symbolic or actual sign of potential danger resulted in increased activity, agitation, pacing, screaming, and crying. They remained vigilant, unable to relax or sleep. (p. 466)

Following this anticipatory period, the physical violence is imminent. In order to delay or avert the assault, some women withdraw from the conflict (Dobash and Dobash, 1979b; Gayford, 1975a) or they leave the situation (Gayford, 1975b; Hilberman and Munson, 1978; Marsden, 1978), but only temporarily. Sometimes they attempt to reason with the men (Gayford, 1975a) or calm them down, but usually without success (Rounsaville, 1978b). Consequently, there appears to be a low probability that a wife can effectively "defuse" the situation and successfully avoid a battering.

Walker (1979) reports that at this point in the cycle, a woman may deliberately escalate the conflict to the point of violence in a desperate effort to control "when and why the incident occurs" (p. 60) because she "senses that the period of inevitability is very close" (p. 60). On the other hand, Dobash and Dobash (1979b) found that only infrequently did a

battered wife actively respond to her husband's verbal abuse by initiating violence; rather, the women in their sample reported remaining physically passive. However, Gayford (1975b), Jobling (1974), and Stahly (1978) report that submissive behavior was as "effective" as active attack in provoking a violent assault, and Hilberman and Munson (1978) found that after repeated violent batterings, women's lives were characteristically overwhelmingly passive with a pervasive sense of powerlessness and/or helplessness. Ball and Wyman (1978) concluded that because she has no sense of control, i.e., is in a no-win situation in which in 70% of the cases she will be battered regardless of her behavior (Dobash and Dobash, 1979b), she has no expectations of ever successfully being in control. In short, she believes that a battering is inevitable, once the conflict has begun, and she behaves so as to "get it over with" as soon as possible.

The next event in the cycle is the physical battering. Other than describing the range and severity of injuries, very little has been written about the parameters of the attack. Dobash and Dobash (1979b) reported that 25% of their sample experienced batterings of 45 minutes to more than five hours, and the remainder reported that the duration was usually half an hour or less. However, any particular attack could last a few minutes or several hours.

After the attack, there are two more phases. The first is the period immediately subsequent to the attack, a sort of "refractory period", followed by a period in which the couple's interactions stabilize. Waites (1978) reports that responding in a "learned, fixated" manner resulted in a lowering of tension, and Hilberman and Munson (1978) and Symonds (1979) have observed a more or less uniform psychological response to the batterings, i.e., "paralyzing terror" similar to that observed in the rape trauma syndrome. In

addition, Hilberman and Munson found that reactions of overwhelming passivity and feelings of helplessness continued past the refractory period: "they felt drained, fatigued, and numb, often without enough energy to do more than minimal household chores and child care. There was a pervasive sense of helplessness and despair... (they) felt powerless to make change" (p. 468).

In the interval between the refractory period and the onset of the next cycle, the couple regain their normal level of interaction. Sometimes the men lavish their wives with expensive gifts and affection during this period (Marsden, 1978; Martin, 1976; Walker, 1979) and 52% of Rounsaville's (1978b) sample of battered women reported having very pleasant periods of reconciliation between episodes. Sometimes this period is remarkable only because it is characterized by calm (Gayford, 1975b).

In summary, the actual battering is only one component of a distinct and repetitive sequence of events. The question to be addressed here is the role of the probability and the intensity of a potential battering in determining a woman's behavior in this situation.

It is assumed, based on learning theory (Bandura, 1973; Skinner, 1953) that a battered woman learns that certain of her husband's behaviors precede batterings, thus these specific behaviors become "predictive cues". It is also assumed that battered women prefer the immediate delivery of an aversive event, rather than having to wait for, anticipate, and become distressed about an expected aversive event, since humans generally prefer immediate, rather than delayed, "punishment" (Badia, McBane, Suter, and Lewis, 1966; Cook and Barnes, 1964; D'Amato and Gumenik, 1960; Hare, 1966a, 1966b; Hare, Krebs, Creighton, and Petrusic, 1966; Lewis, Note 1, Note 2). In addition, it is reported that women attempt to control the onset of batterings, very often by "provoking" the actual battering (Rounsaville, 1978b; Walker, 1979) because

she believes it is inevitable (Ball and Wyman, 1978; Dobash and Dobash, 1979b; Walker, 1979), and that the battered women respond in stereotypic, "learned, fixated" ways (Waites, 1978).

Consequently, the purpose of this study was to investigate the following hypotheses:

1. The spouse abuse cycle has five components: an identifiable predictive cue (signal); an anticipatory phase characterized by increasing anxiety arousal (Walker's Phase I); the battering (Walker's Phase II); a refractory period; and a stabilization period (Walker's Phase III).
2. Battered women believe that, given the "predictive cue", the probability of a battering is 100%.
3. Battered women believe that delaying the battering will only serve to increase its severity.
4. Battered women will behave during the cycle in ways which provide them a perception of control over the situation.

METHOD

Subjects. Subjects were 32 women who had been married or living in a heterosexual relationship for more than one year and resided in a major metropolitan area. Recruiting advertisements did not mention battering; rather the study was described as an investigation of conflict resolution techniques of couples.

Procedure. A semi-structured interview format was used. The first part of the questionnaire (administered by the experimenter) was directed toward demographic material; the second part consisted of Straus' (1979) Conflict Tactics Scale, and the final section was comprised of open-ended questions to garner detailed descriptions of the components and behaviors of a conflict episode.

RESULTS AND DISCUSSION

The subjects ages were 19-45 (mean = 27.8), their partners ages were 20-64 (mean = 32.1), and the duration of cohabitation (whether legally married or not) was 1 to 12 years (mean = 5.5). While battered women may be of any age, race, education, or occupational status (Lewis, Note 3), the women who participated in this research were likely to be young adults, Caucasian, to have some college education and to be unemployed student/homemakers (50%) or to work in some professional capacity (e.g., caseworker, paralegal) or in a clerical position, but they do not differ from battered samples on average age and duration of relationship.

The Conflict Tactics Scale ("CTS", Straus (1979)) data were weighted in accordance with the response frequencies cited by the subject as suggested by Straus (1979) to reflect severity. This provided five conflict scores for each member of a dyad: Verbal Reasoning, Verbal Aggression, Violence, Battering, and Total CTS score. The range, mean and standard deviations of these scores, as well as the number of subjects reporting "never" in each category, are presented in Table 2. Rather than a dichotomous division of "battered" versus "nonbattered" women, the CTS scores represent a continuum of "batteredness." Consequently, this sample is relatively nonbattered. In addition, while the subject provided data for both spouses, there were no significant differences between the severity and/or frequencies of abuse they received and gave.

While the purpose of this study was to examine battered women, the subject population characteristics provided a serendipitous strength: a direct comparison of women experiencing many levels of conflict interaction with their spouses. Unexpectedly, the conflict resolution technique used by these women were strikingly similar, regardless of the levels of aggression and

violence they reported as evidenced by the following findings.

Is there a predictive cue? Every woman said she can tell when her spouse is in a bad mood, i.e., there are specific behavioral cues which convey "social information" (Bandura, 1973). These behaviors were unexpectedly consistent: subjects described the cues as sulking, irritability, unusual quietness, and/or a particular facial expression that is either "tense" or "mean". One subject summed it up with the statement, "He's distant, sullen, quiet, looks cranky."

To determine whether the spouse's "bad mood" behavior have predictive value, the women were asked whether and on what basis they can expect that a conflict is approaching. Seventy-two percent reported they can "tell a fight is coming" based on either the spouse's behavior (39%), viz., he is sulking, etc., or her own behavior, i.e., 22% stated they usually instigated a fight if they were especially tired or "in the mood for it". Thirteen percent reported that a combination of his bad mood and her behavior was necessary to precipitate a fight. Of the remainder, 17% felt that escalation during a discussion, e.g., failure to reach a compromise on an issue or aversive changes in tone of voice or verbal content, would lead to a fight. Two women stated that there were certain volatile or incendiary issues which would guarantee the occurrence of a fight if they were mentioned.

The anticipatory phase. The women were then asked if they felt they could control the situation when a dispute seemed likely, i.e., how do they behave when an aversive interaction is expected? The majority (78%) believed they could exercise some control, primarily (57%) through defusing the situation by remaining calm and asking the spouse to discuss the issue rationally and/or by suggesting they postpone the discussion in order to give him time to "cool down." Thirty-two percent said they behaved so as to avoid a fight altogether, e.g., by refusing to participate, and 11% felt they could

delay a fight, i.e., "control the timing, but not the content" until a more propitious time (cf. Walker, 1979). Thus, women who cannot remove the aversiveness by defusing or avoiding the conflict choose to delay the onset of the fight. It would have been of value to determine whether the relative aversiveness of potential fights was a factor in these women's choosing to delay them, i.e. are they more likely to delay those fights which they expect to be especially severe, but "hurry up and get (the small ones) over with"?

The conflict. Once a dispute is initiated, 72% of the women feel they can definitely control it, i.e., control what issues become involved and/or how intense the conflict becomes, and 84% felt they could exert "some" control. The primary methods used are maintenance of calm, rational discussion (43%), "sticking to the issue" (14%), or terminating discussion of the issue. In general, they tended to use the same techniques to control the escalation of a conflict as they did to control its onset: reasoning and refusal to participate.

As the cycle continues, however, fewer believe they can exercise control: 78% could control the onset of a conflict and 72% could control its course (discussed above), and 62.5% reported they could terminate a fight (although an additional 15.6% felt they could end a fight "sometimes"). Within the former group (62.5%), 28% reported that they discuss the issue until it is resolved, whether by solution, compromise, or agreeing to disagree. A further 28% end the interaction by withdrawing from the situation (verbally and/or physically). Sixty percent of the "sometimes" group used this latter technique. Of the 78% who felt they exerted some control over termination of the conflict, one-third did so by capitulating, calming down, suggesting they postpone it until both are calmer, or by realizing she was "forcing" the fight and then changing her behavior, i.e., discontinuing it. Again,

reasoning and withdrawal are the preferred strategies. Relative to battered women, Walker (1979) asserts that once the conflict starts, the women believe it is out of their hands, i.e., their spouses are out of control and so is the fight. The present sample of primarily nonbattered women believe they can exert control of the fight and of their spouses, but also report less ability to exert control as the fight advances temporally.

The data and theory on provocation as well as humans' preference for the immediate rather than the delayed onset of an aversive stimulus led to the question of whether the subjects ever "feel certain there's going to be a fight, so do something to hurry it up and get it over with". The word "provocation" was not used due to the emotional reaction it elicits among researchers and battering victims alike, although Pagelow (Note 4) did ask battered women, "Did you provoke the attack either physically or verbally?" and 35% of her sample answered in the affirmative. In the present study, 37.5% answered in the affirmative, but they say they do not provoke intense fights: 75% reported they instigate the conflict by initiating a discussion, either by inquiry as to the source of their spouse's bad mood or by initiating discussion of an issue or problem in a straightforward (assertive) manner. The remaining 25% of the "instigators" said it was always they, never the spouse, who initiated disputes. Half of these women said this occurred, however, only when they were very tired and cranky or wanted an emotional release ("I like arguing"), whereas the remainder reported that their initiation of a fight is in response to the spouse's bad mood, i.e., he sulks until she confronts him about his sulkiness and then he erupts.

Research evidence indicates that the anticipatory interval preceding the onset of an aversive event is characterized by increasing physiological arousal ("affective disturbance") (Bresnitz, 1967; Folkins, 1979;

Monat, Averill, Lazarus, 1968) and a subjective experience of aversive anxiety arousal. Consequently, the absolute aversiveness of a situation may be increased by delaying its onset--this is the basic tenet of the paradigm and model used in this study. Therefore, does delaying a marital conflict result in its worsening? Fifty-six percent of the women in this sample believe it would, by escalating the intensity of the conflict (41%), escalating her own anger (47%), or increasing his anger (12%). Of the 12 women who said they would precipitate a fight if it appeared one was imminent, 58% felt that delaying it would result in its escalation and 42% felt that delaying a conflict did not affect its intensity. Then why don't they delay it--just to "get it over with"? Unfortunately, they were not asked.

Relief and restitution. In the analysis of the cyclical nature of battering episodes detailed in the introduction to this study, two post-battering phenomena were described: the refractory period and the conciliatory period. In addition, subjects in the delay of punishment paradigm consistently report that the offset of the aversive stimulus results in an immediate drop in anxiety and a feeling of "relief" (Lewis, Note 1, Note 2). Consequently, subjects in this study were asked, "What happens after a fight, particularly in the first five to fifteen minutes?" The reports of these women support the "refractory period" notion: 75% stated that a fight is immediately followed by a period of quiet in which the couple's behaviors ranged from "silence--like strangers" to a mutual activity, e.g., both on the sofa reading, but not talking. This parallels the behaviors reported by battered women, but the nature of the conflict--battering--is reflected in the more severe withdrawal and quiet: overwhelming passivity and feelings of powerlessness (Hilberman and Munson, 1978) and a lowering of tension (relief?) (Waites, 1978). Of the remaining quarter of the present sample, two-thirds

reported that the aftermath of a fight is "business as usual" with both spouses resuming normal activities, and for the remainder there were demonstrations of affection to "kiss and make up".

Finally, what are the contingencies associated with the conciliatory interval? Several authors (Gayford, 1975b; Marsden, 1978; Martin, 1976; Walker, 1979) point out that after a battering, the victims may receive lavish gifts (rewards) from their spouses. One-third of the women in this study reported that "overt, noticeably conciliatory" acts did occur, e.g., he buys her flowers, she becomes "unusually domestic". Thus, the majority report that after the recovery period, their interactions "naturally" resume their normal levels of interaction. Noteworthy is that the women's reactions to this question varied from a quizzical expression which seemed to reflect that she was unaware that such techniques of reconciliation exist, to outright scorn and rumblings to the effect that such acts of truce were sheer folly.

Summary. In brief, the women in this study describe events preceding and following their marital conflicts which generally support this author's analysis of couple's dispute cycles. One glaring (to the author) discrepancy in the model and cycle analysis the treatment of UCS (battering) as a unidimensional event, characterized solely by its onset and termination. The interview data discussed above suggest that between its onset and end, at least three events occur: (1) attempts to avoid the full impact of the aversive stimulus by defusing it; (2) efforts to control the rate of acceleration and endpoint of the conflict, either by maintaining a minimally emotionally-laden stance, or withdrawal; and (3) attempts to terminate the aversive situation, either by continuing to exercise a calm, rational approach or by withdrawal.

A second obvious omission of this investigation (and of the model) is the treatment of the aversive event as extremely brief (1.0 seconds) as well

as unidimensional. All researches with the delay of punishment paradigm have used very brief shocks or tones--a marital conflict is rarely, if ever, so brief.

A third problem is the omission of questions during the interview about the stages of their fights and the woman's feelings during each stage, especially her anxiety levels. Battered women do report responses which parallel the anxiety arousal of the model (Hilberman and Munson, 1978; Walker, 1979), but do nonbattered women?

A fourth point is this: Are there two processes going on? For example, it has been pointed out to this author that people delay going to the dentist until the pain is no longer avoidable (controllable), but once there, they want to have the injection of anesthetic as soon as possible (Farber, Note 5). This reinforces the notion expressed in the second point above: if an aversive event is expected to be of some duration, say at least several minutes, do people prefer to delay it, whereas if it is expected to be very brief, e.g., a matter of seconds, then they prefer to experience it immediately? This is certainly a question worth investigating.

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Table 1. The correspondence between the events in a wife battering episode and those that occur in the anxiety-arousal model of preference for immediate versus delayed aversive stimulation.

<u>Wife Battering Episode</u>	<u>Anxiety-Arousal Paradigm</u>
Distinct behavior by husband that is a "cue" as a consequence of the learning history	CS (light) onset
Anticipatory interval:	Total Delay interval:
a. Recognition that an episode is progress (cognition)	a. Button selection decided (cognition)
b. Provocation/instigation (overt)	b. Button depressed (overt)
Physical battering	UCS (aversive stimulation)
Recuperation	Intertrial interval
a. Relief	a. Relief
b. Reparation: physical recovery from injuries; contrite, kind behavior by husband; return to normal level of interaction (extent depending on inter- episode interval)	b. Return to baseline or approach to baseline level of anxiety (extent depending on intertrial interval)

Table 2. The Conflict Tactics Scale score ranges, means, standard deviations, and the number of subjects reporting that events on a particular scale never occurred between her and her spouse.

Conflict Tactics Scale	Range	Mean	S.D.	Number of Subjects Reporting "Never"
Reasoning, Female	2-65	19.56	15.44	None
Verbal Aggression, Female	0-59	16.94	17.20	Two (6.25%)
Violence, Female	0-20	1.25	3.76	23 (71.88%)
Husband Battering	0-10	0.38	1.77	29 (90.63%)
Reasoning, Male	1-65	16.34	14.73	None
Verbal Aggression, Male	0-75	18.25	17.90	4 (12.5%)
Violence, Male	0-25	1.53	4.85	24 (75%)
Wife Battering	0-6	0.22	1.07	30 (93.75%)
CTS Total, Female	4-123	37.75	29.70	None
CTS Total, Male	2-165	36.16	30.50	None
CTS Total, Joint	7-288	73.59	57.49	None